DOCUMENT RESUME

ED 139 231 EC 100 806

AUTHOR Gottlieb, Daniel; Shorkey, Carolyn A.
TITLE JoAnn - Working Together to Help Her See.
PUB DATE Apr 77
NOTE 17p.; Paper presented at the Annual International Convention, The Council for Exceptional Children (55th, Atlanta, Georgia, April 11-15, 1977)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Case Studies (Education); *Interdisciplinary Approach; *Partially Sighted; Peer Acceptance; Primary Grades; *Regular Class Placement; Values; Visually Handicapped

ABSTRACT

Presented is the case history and interdisciplinary approach used with a partially sighted 8-year-old girl including vision training, large print instruction, and regular class placement. The viewpoints of the optometrist, the child's parents, the educational consultant, the principal, the regular classroom teacher, and a resource room teacher are given. Examples of value clarification activities to foster peer acceptance of the child are given. (DB)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED139231

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

55th Annual International Convention

The Council for Exceptional Children

April 15, 1977

Atlanta, Georgia

Topic: JoAnn - Working Together to Help Her See

by

Dr. Daniel Gottlieb, Optometrist, Stone Mountain, Georgia
Carolyn A. Shorkey, Graduate Student, Georgia State University

EC100806

Part I - Introduction and History

JoAnn, who is now eight years old, and I recently played a game of concentration. The purpose was an exercise in visual memory.

The playing cards were made of construction paper. Mounted on a white rectangle was a colored shape. Around the shape was a black felt tip outline. I used the four common shapes in assorted colors. Each card had an identical mate.

While we were playing JoAnn referred to a secret to winning the game. She said, "if you could see good, you could do the secret." Think of what her secret might be as we walk you through her case history.

This is the information I had in JoAnn's file before I met her in 1974. Her eye report form stated that she had hereditary congenital cataracts. Visual acuity was nil in the right eye and finger counting in her left eye. She had had several eye operations, the last one being between preschool and the first grade. Her intelligence was high normal.

As a four-year-old in preschool, JoAnn had recently experienced a divorce in her family. Her teacher commented that JoAnn expressed uncertainties about her feelings toward the situation. She was a friendly but hesitant child. Both the braille and print alphabet were introduced to her. JoAnn preferred to work with the two-inch print letters. She evidenced a shorter attention span and fatigue when working with braille. Her math concepts were above average.

In her second year of preschool she was more secure in her home life and showed excitement when discussing a weekend with her daddy. She still

moved hesitantly and lacked whole muscle coordination. This same tenseness is noticed in this preschool swim program.

JoAnn was taught both the braille and print alphabet. Her teacher felt certain that braille would be the medium through which JoAnn should be taught. She was not able to see 30 point print let alone large type. At this point, JoAnn had her last of a series of eye surgery in hopes of improving the residual vision in her left eye.

JoAnn entered the first grade. She spent 1/3 of her day in the resource room and the remaining time in an elementary school, first grade classroom. She was described by the first grade teacher as being insecure. She cried frequently and would shake nervously at her desk. It was suggested at the end of the year that JoAnn be retained in the first grade. Her parents were bewildered as to why. They were told she was immature and had unsatisfactory braille skills. I wondered myself why a child with a normal IQ and two years of preschool was being retained.

I met JoAnn in August of 1974. She was sitting in a braille desk at the back of her first grade room. When I approached her she moved her face towards mine and gazed at a pin on my dress. She told me that it was pretty, touched it, and asked what it was. It was a small daisy pin against a busily patterned material.

In conversing with JoAnn and walking down to my resource room I observed that she was quite sociable but very nervous, with strained facial muscles, no smile, uncoordinated rigid body movement, and when she walked her elbows were bent and fists clenched tightly. She would avoid bumping into large objects but stumble on an obstacle which was below waist level.

She told me twice that she forgot her braille over the summer but that she was a real good speller on a magnetic board. In experimenting with her on a chalkboard she evidenced many reversals in her print letters, confusion

between her lower case and capital letters, inability to draw a slanted line, close a circle, or copy simple designs. She had no visual tracking ability and very poor eye hand coordination. I was constantly reminding her to watch her hands.

JoAnn's classroom teacher was concerned about her lack of interest in school. She wasn't having fun, following directions, or contributing to classroom discussion.

JoAnn dropped obvious hints to me that she wanted to sit in a little print desk. I placed her in the front of the room near her teacher's desk. Her attitude about school began to change. I kept her braille desk in the back of the room. She did very little brailling as she was showing improvement and strong motivation with the thirty point print we were using. I requested that she use a felt tip pen for writing.

After three months I was convinced that the child should be functioning visually for most of the school day. The braille desk was removed from her room and she stayed on a maintenance level of braille in the resource room for about twenty minutes daily. Her attitude was one of frustration, memory loss, and fatigue during these twenty minutes.

I knew JoAnn needed a low vision evaluation. It would be necessary to explore her eye history, eye health, near and distant acuity, and perceptual abilities. Her parents were in favor of following through with my request for such an evaluation.

I referred her to Dr. Gottlieb, who was qualified to examine her.

Part II - Low Vision Evaluation

JoAnn is a prime example of a child in need of an interdisciplinary approach to visual care and academics. The interdisciplinary team for JoAnn consisted of Carolyn, her resource teacher, Pat Carpenter, the consultant for

the visually impaired and multihandicapped of the DeKalb County Schools, her classroom teacher and principal, her mobility instructor, her parents, her ophthalmologist and myself. Our team became responsible for JoAnn's visual care as well as her academics, her visual motor skills and mobility.

My role as a member of the team was to assess JoAnn's visual abilities and determine if JoAnn had vision potential for utilization of her residual vision. It was necessary for me to help set our goals for JoAnn and to do so I had to first consider the etiology of her condition. JoAnn had familial congenital cataracts. Her last surgery was for her left eye 1½ years before I first saw her. The second consideration was the stability of her condition. JoAnn's ophthalmologist considered her condition was stable and JoAnn continued to see him on 6 month intervals.

The history of academic and visual care had to be investigated. It was here that I gained insights into the problem as the members of our group saw it. Having checked her history I felt it best to question JoAnn as to what she envisioned her problem to be. JoAnn told me she wanted to be able to read print as her classmates. By questioning JoAnn herself I gained insights into her motivation which could not have been stronger.

From questioning various members of our team I gained insights into JoAnn's psychological nature and her need to be like her peers.

Prior to beginning our limited vision evaluation I had a consultation with JoAnn's parents to discuss all unanswered questions as well as fee considerations for our visits and any aid we may decide upon.

To ensure that JoAnn would receive a lasting benefit from her limited vision care it was necessary to establish each of these factors before beginning.

JoAnn had a regular aphakic prescription with a standard bifocal, no limited vision help at that time and no family consultations concerning

limited vision care, use of microscopes, telescopic prescriptions, non-optical aids, and vision development and perceptual skills.

I requested that Carolyn come with JoAnn for most all of her visits. Not only is the teacher a great asset to the doctor but the interaction is necessary in reaching the goals which you together must establish. It is not enough to look at the eyeballs only. We must concern ourselves with her visual motor integration abilities and how they relate to her functional and academic skills.

Observations must be made concerning her mobility, such as walking in a hallway and climbing into the exam chair. Distance acuities must be taken which can be related to functional and academic needs. Since over 85% of what is learned takes place at near it is imperative that near acuities also be taken.

To check for vision reflexes in JoAnn's right eye we checked her ability of finger counting and two point light discrimination. JoAnn had no usable vision of her right eye. She did show a good visual potential with her left eye.

A meaningful color vision test was performed using the Ishihara plates for children. JoAnn was found to have normal red/green color perception.

An external exam must be made as well as an internal exam of the eye structures. A thorough exam must also be made of the anterior chamber as well as the posterior eye structures.

Eye coordination as well as eye-hand integration must be checked. I find it particularly useful to use finger puppets such as "Big Bird" to hold interest to check fixation and eye movement ability. We all learn by asking and as JoAnn would tell you she puts her finger to her eye

because "it helps stop the wiggling."

A check of the front surface and curvatures of the cornea is invaluable in proper lens prescribing and corneal evaluation.

With visually handicapped and multihandicapped children I will oftentimes not use the phoropter for testing but loose lenses or a lens rack with varying power lenses as I am using here.

After my observations of the prescriptive lens needed, I allowed JoAnn to assess the lens affect by using loose lenses overtop of her present glasses.

In JoAnn's case I wanted to check the effect on her vision abilities using a contact lens. Although a slight improvement was noted, it was not significant enough at this time to merit prescribing.

A check of the eye pressure must be made on all visually impaired and multihandicapped children.

After determining the best lens prescription for JoAnn and realizing that she had the potential to be a seeing child I began the limited vision evaluation on her next visit. We explored the use of telescopes with reading caps, high power microscopic lenses and various lens adaptations. We used a slant top desk with good lighting and near point materials which could be related to her school materials including her reading book. We used optical and non-optical limited vision aids to mention a few. We used hand magnifiers, projection magnifiers, typoscopes, heavy lined paper and felt tip pens.

In using non-spectacle aids for JoAnn it was necessary that we observe the amount of energy she had to expend on the task of reading instead of the reading itself. When the task of reading became the task and the reading itself took a backseat, the system had to be changed.

JoAnn performed best with a spectacle lens system of a high power microscope. It necessitated that she hold her reading material at a very close distance. She did not seem to mind.

Although I felt sure of what prescription would be best for JoAnn, I would not make my suggestions until our staffing. It is my belief that all members of JoAnn's interdisciplinary group must have input concerning her future care.

As Carolyn and myself evaluated JoAnn, we gained appreciation of JoAnn's visual potential and we were able to look back on the events with great insight. Carolyn possesses two traits which are imperative for professionals dealing with the visually impaired and multihandicapped.

She was first inquisitive and secondly observant. By being inquisitive and observant she realized JoAnn's vision potential. The professionals who refer to me tell me what they want answers to. These people, as did Carolyn, tell me "I know this little girl can see - how does she see?" These professionals help me set our goals. As in the case of all of my limited vision evaluations, it then became necessary for the total interdisciplinary group to discuss our goals, our findings, and JoAnn's future.

Part III - Staffing

Introduction

Soon after JoAnn's evaluation seven key people in her life met to discuss the results. As we look back at that meeting we found a continuum of views developing. It ran from being visually overzealous to being visually naive.

Carolyn Shorkey

Starting at one end of the continuum was myself. I perhaps was a bit overzealous to get JoAnn functioning visually. Much of this was JoAnn's

motivation of wanting to be a seeing child. I needed to take into consideration all future aspects of JoAnn's vision utilization.

Dr. Gottlieb

Prior to our staffing I organized the insights and knowledge I had gained about JoAnn in a report we used as the structure for her staffing. As we discussed her history I began to see how well balanced the group was. Like a see-saw we tested each new concept and alternative from each of our different perspectives.

The alternatives to JoAnn's limited vision problem of being able to read print were based on either lens system magnification or print size adjustments.

When using a microscopic lens at near, JoAnn had constant and consistent vision at a very close range of 4".

Telescopic spectacle systems with reading caps for near work enabled JoAnn good functional reading ability at a greater distance of approximately 8".

When using hand magnifiers we found the task of reading took a backseat. JoAnn's poor eye-hand coordination was not yet developed to handle these types of aids.

We found similar difficulty when using illuminated readers similar to the optiscope enlarger.

Without high power magnification we found that JoAnn's vision was not consistent enough at four inches to read efficiently. Since her present bifocal was standard power its focal point was 13 inches. At this distance JoAnn needed print larger than 18 point.

Mr. Pressley

JoAnn's father has very strong feelings about JoAnn's problems. Since no member of their family ever had to learn braille he did not feel JoAnn should have to either. No person including JoAnn's grandfather, who is over 80 years old, has ever shown a deteriorating condition. Since JoAnn's condition is familial, Mr. Pressley feels her vision will likewise remain stable unless she would acquire some other disease or injury. From a psychological standpoint JoAnn has strongly objected to braille. Mr. Pressley, whose cataract problem is not as severe, is very oriented to JoAnn learning to read print. Mr. Pressley wanted to have a reading system which would enable JoAnn to function with the regular print and be cosmetically acceptable.

Pat Carpenter

Pat Carpenter is the consultant for the county wide visually and multisensory impaired programs. During the staffing Pat supported everyone's views. She was wise to the benefits of low vision aids as well as to the practicality and drawbacks. She wanted the best for JoAnn, which was, success in school. Pat was aware of the importance of functioning in a printed world: reading newspaper headlines; finding the restroom; reading personal mail; and being more like, than unlike her peers.

She raised questions as to reading speed, the extra time the classroom teacher needed to spend with her, the stability of her condition, and the negative feeling JoAnn had toward braille. Pat asked us to probe the possibility of a combined print and braille program.

Ms. Pressley

JoAnn's mother, like her father, had noticed vision potential. She had worked with JoAnn's previous teachers in a cooperative way. She was not

aware of low vision care but was interested in it. Her main concern was getting JoAnn through the first grade successfully, as this was her second time.

Principal

JoAnn's and Carolyn's principal was instrumental in JoAnn's educational program. As he stated, "it is important that we decide what will be best for JoAnn and then pursue that direction full force."

He also said, "once we made our decision, I will not allow any change in direction."

Classroom Teacher

This is JoAnn's classroom teacher. JoAnn was one of 24 children in her class. This teacher had been teaching in this school for five years and in the past had visually impaired children integrated in her class. Her braille readers were fluent and kept up with the reading group. Her print readers had been functioning with sight since birth. They were able to see the pictures, maintain normal reading speeds, and keep their place on the page. Due to the fact that JoAnn had been on braille the previous year, she was not able to compete visually with her peers, moved around as a blind child would, couldn't discriminate the pictures, nor keep up with the reading group; it seemed logical to her that JoAnn would be more successful with braille.

Conclusion

For over an hour we shared our concerns and experiences. We were at a crucial point in determining the direction of JoAnn's school life. We decided as a group the following conclusions.

Carolyn Shorkey

I would follow through with the recommendations that were made by Dr. Gottlieb for vision training and carry through with Pat Carpenter's suggestion that I try to help JoAnn make friends with braille.

Dr. Gottlieb

My final recommendation after our discussion of each aspect of JoAnn's needs was to prescribe a high power microscopic bifocal incorporated into JoAnn's spectacle prescription. Along with this she would need a strong vision development and perceptual program as well as emphasis on visual motor activities. I agreed with all members of our group that JoAnn would greatly benefit by mobility training.

Classroom seating position as well as the correct near working distance was given. Suggestions on letter size for chalkboard activities, illumination, posture and monocular depth perception clues were also given.

Mr. Pressley

JoAnn's father was 100% behind my recommendations. He was pleased that JoAnn would be using print and receiving attention in other visual motor activities.

Pat Carpenter

Pat Carpenter wanted JoAnn to maintain contact with braille on a maintenance level and become comfortable with it. She worked with the mobility specialist to emphasize the utilization of vision for travel and design a visual motor program for her.

Ms. Pressley

Agreed to do everything she could to help JoAnn. She was presently drilling sight words after dinner, encouraging her to use her vision in play.

Principal

JoAnn's principal supported our decisions and was a source of strength for Carolyn as well as a sounding block for JoAnn's teacher. By his coordinating and support the program was begun and each obstacle was dealt with with confidence and determination that our prescription was the best possible program.

Classroom Teacher

JoAnn's classroom teacher agreed to work with JoAnn when she was able. She requested that I sit in with her during reading group and math group to help her keep her place. I copied her work off of the board and assisted her with her handwriting.

Part IV - Values

Following the staffing I felt a need to work with JoAnn's teacher and class. As we have mentioned, JoAnn is socially sensitive. It was important for her to be accepted as a friend by the other children. Her awkward movements, thick glasses, and the close distance she held her work made her more obvious than the other children.

I decided that the best approach would be a Values Clarification Strategy called Values Voting.

I began on the first day by describing the term Value as what you think about something or how you feel about something. We discussed the term voting. Then I asked if their parents ever voted and had they ever voted at a club meeting. I asked if they would be interested in voting with me today.

We then discussed the rules for values voting. They had to vote with their hands not with their voices. A hand up in the air meant yes. A hand down by their side meant no. I didn't think they were

ready for the concept of "Pass" meaning you wished no comment. I wanted everyone actively involved in yes or no responses. I divided this strategy into two-minute sessions over a five day period. I supplemented my questions from excerpts from the record album "Free to Be You and Me" by Marlo Thomas.

This is an example from each days list of questions.

Day One

1. Have you ever voted before?
2. Do you have a pet at home?
3. Do you know anyone who wears glasses?
4. Do you like peppermint candy stick ice cream?
5. Do you like to watch T.V.?
6. Do you have a friend?
7. Would you like to hear a song about what some friends do together? (I played the song "Friends")
8. Would you like to vote with me tomorrow?

As you probably noticed I like to use non-threatening questions until the audience is comfortable with expressing themselves.

Day Two

1. Do you like the weather today?
2. Do you like asparagus?
3. Do you think a fat person looks funny?
4. Do you have brown hair?
5. Has anyone ever teased you?
6. Is it fun to be teased?
7. Have you ever really hated someone?
8. In some ways are you different from the person who sits next to you?
9. Do you love someone?

Day Three

1. Do you have all of your teeth this morning?
2. Do you wear glasses?
3. If you do wear glasses, do they help you see better?
4. Do all glasses look the same?
5. Do you like to wear glasses?
6. Do you have a funny nose?

Day Four

1. Do you know someone who cannot walk and uses a wheel chair to help them move around?
2. Do you know someone who wears a hearing aid in their ears?
3. Does it help them hear better?
4. Do you like tootsie rolls?
5. Does everybody look the same?
6. Is it nice sometimes to have a friend?

Day Five

1. Does everybody like ravioli?
2. Does a hearing aid help some people?
3. Do different people need different kinds of glasses to help them see better?
4. Do some people need a wheel chair to move around?
5. Does everybody have to be the same as everybody else?
6. Do you love someone?
7. Do you ever get angry at the person you love?
8. Do you feel happy to have a good friend?

First graders do have values and JoAnn did make friends.

On June 6, 1976, JoAnn completed the second grade. She scored a 49 out of a possible 50 on her grade level reading test using 13 point print

and her high power bifocal. In math she scored a third grade fifth month level. Due to JoAnn's negativism toward reading braille, she is not presently using it. I do expose her frequently to braille readers and discuss with her the usefulness of it for those children.

1. Would you like to know who won the game of concentration which we were playing at the beginning of the session? (JoAnn did)

2. Would you like JoAnn to tell you what her secret to winning the game is? (You can see through the back of the card!)